

Attachment I

INTERMEDIARY NAME / ADDRESS / CITY / STATE / ZIP / PHONE NUMBER

PROVIDER NUMBER/ NAME		PART A		PAID DATE: MM/DD/CCYY				REMIT#: 1234567890				PAGE 1			
PATIENT NAME		PATIENT CNTRL#		RC	REM	DRG#		DRG OUT AMT		COINSURANCE		PAT REFUND		CONTRACT ADJ	
HIC#		ICN		RC	REM	OUTCD CAPCD				COVD CHGS		ESRD NET ADJ		PER DIEM RTE	
FROM DT	THRU DT	NACHG	HICHG TO	RC	REM	PROF COMP		MSP PAYMT		NCOVD CHGS		INTEREST		PROC CD AMT	
CLM STATUS		COST COVDY	NCOVDY	RC	REM	DRG	AMT	DEDUCTIBLES		DENIED CHGS				NET REIMB	
123456789012345678	1 1	12345678901234567890		123	1234	123		1234567.89		1234567.89		1234567.89		1234567.89	
1234567890123456789		12345678901234567890		123	1234	1	1			1234567.89		1234567.89		1234567.89	
12345678	12345678	12	1 123	123	1234	1234567.89		1234567.89		1234567.89		1234567.89		1234567.89	
12		1234	1234 1234	123	1234	1234567.89		1234567.89		1234567.89				1234567.89	
SUBTOTAL FISCAL YEAR		MMCCYY						12345678.90		12345678.90		12345678.90		12345678.90	
								12345678.90		12345678.90		12345678.90		12345678.90	
				12345678.90				12345678.90		12345678.90		12345678.90		12345678.90	
		12345	12345 12345	12345678.90				12345678.90		12345678.90		12345678.90		12345678.90	
SUBTOTAL PART A								123456789.01		123456789.01		123456789.01		123456789.01	
								123456789.01		123456789.01		123456789.01		123456789.01	
						123456789.01		123456789.01		123456789.01		123456789.01		123456789.01	
		123456	123456 123456			123456789.01		123456789.01		123456789.01		123456789.01		123456789.01	

2000 VERSION

INTERMEDIARY NAME / ADDRESS / CITY / STATE / ZIP / PHONE NUMBER

PROVIDER NUMBER / NAME	PART B	PAID DATE: MM/DD/CCYY	REMIT#: 1234567890	PAGE 2
PATIENT NAME HIC# FROM DT THRU DT CLM STATUS	PATIENT CNTRL# ICN NACHG HICHG TO RC COST COVDY NCOVDY	RC RC REM RC	REM REM OUTCD CAPCD PROF COMP REM DRG AMT	DRG OUT AMT MSP PAYMT NCOVD CHGS DEDUCTIBLES
			COINSURANCE COVD CHGS DENIED CHGS	PAT REFUND ESRD NET ADJ INTEREST
				CONTRACT ADJ PER DIEM RTE PROC CD AMT NET REIMB
123456789012345678 1 1	12345678901234567890	123	1234 123	1234567.89
1234567890123456789	12345678901234567890	123	1234 1 1	1234567.89
12345678 12345678	12 1 123	123	1234 1234567.89	1234567.89
12	1234 1234 1234	123	1234 1234567.89	1234567.89
SUBTOTAL FISCAL YEAR	MMCCYY			
			12345678.90	12345678.90
			12345678.90	12345678.90
	12345 12345 12345		12345678.90	12345678.90
SUBTOTAL PART B			123456789.01 123456789.01 123456789.01 123456789.01	
			123456789.01 123456789.01 123456789.01 123456789.01	
	123456 123456 123456		123456789.01 123456789.01 123456789.01 123456789.01	

2000 VERSION

INTERMEDIARY NAME / ADDRESS / CITY / STATE / ZIP / PHONE NUMBER

PROVIDER NUMBER / NAME

PAID DATE: MM/DD/CCYY

REMIT#:

1234567890

PAGE 3

SUMMARY

CLAIM DATA:

DAYS:

COST: 1234567
 COVDY: 1234567
 NCOVDY: 1234567

CHARGES:

COVD: 12,345,678.90
 NCOVD: 12,345,678.90
 DENIED: 12,345,678.90

PROF COMP: 12,345,678.90
 MSP PAYMT: 12,345,678.90
 DEDUCTIBLES: 12,345,678.90
 COINSURANCE: 12,345,678.90
 PAT REFUND: 12,345,678.90

INTEREST: 12,345,678.90
 CONTRACT ADJ: 12,345,678.90
 PROC CD AMT: 12,345,678.90
 NET REIMB: 12,345,678.90

PASS THRU AMOUNTS:

CAPITAL: 123,456,789.01
 RETURN ON EQUITY: 123,456,789.01
 DIRECT MEDICAL EDUCATION: 123,456,789.01
 KIDNEY AQUISITION: 123,456,789.01
 BAD DEBT: 123,456,789.01
 NON-PHYSICIAN ANESTHETISTS: 123,456,789.01
 TOTAL PASS THRU: 123,456,789.01
 HEMOPHILIA ADD ON: 123,456,789.01
 PIP PAYMENT: 123,456,789.01
 SETTLEMENT PAYMENTS: 123,456,789.01
 ACCELERATED PAYMENTS: 123,456,789.01
 REFUNDS: 123,456,789.01
 PENALTY RELEASE: 123,456,789.01
 TRANS OUTP PYMT: 123,456,789.01

WITHHOLD FROM PAYMENTS:

CLAIM ACCOUNTS RECEIVABLE: 123,456,789.01
 ACCELERATED PAYMENTS: 123,456,789.01
 PENALTY: 123,456,789.01
 SETTLEMENT: 123,456,789.01
 TOTAL WITHHOLD 123,456,789.01

PROVIDER PAYMENT RECAP:

PAYMENTS:

DRG OUT AMT: 123,456,789.01
 INTEREST: 123,456,789.01
 PROC CD AMT: 123,456,789.01
 NET REIMB: 123,456,789.01
 TOTAL PASS THRU: 123,456,789.01
 PIP PAYMENTS: 123,456,789.01
 SETTLEMENT PYMTS: 123,456,789.01
 ACCELERATED PYMTS: 123,456,789.01
 REFUNDS: 123,456,789.01
 PENALTY RELEASE: 123,456,789.01
 TRANS OUTP PYMT: 123,456,789.01
 HEMOPHILIA ADD ON: 123,456,789.01

WITHHOLD: 123,456,789.01

NET PROVIDER PAYMENT: 123,456,789.01
 (PAYMENTS MINUS WITHHOLD)

CHECK / EFT NUMBER: 1234567890

2000 VERSION

Changes in SPR 2000 Version from the Prior Version

1. Reference to HCPCS changed to procedure code as other code sets such as the national drug code (NDC) may begin to be used in addition to HCPCS in the future.
2. Separate SPR reporting of the DRG operating amount and the DRG capital amount stopped. A combined operating and capital amount will now be reported on the SPR to correspond to reporting.
3. A summary data element has been added for the transitional outpatient payment, a quarterly provider payment that will be issued as warranted to supplement line item payments for services paid under OPPS.
4. Date fields have been expanded to enable reporting of the century.

<pre>Attachment 2

**MEDICARE STANDARD PAPER REMITTANCE (SPR) ADVICE
DATA DIRECTORY AND 835 MAP**

| <u>Full Description</u>
(In order of appearance) | <u>SPR ID</u> | <u>SPR FIELD SIZE</u>
<u>CHARACTERISTICS</u> | <u>835 LOCATION</u> |
|--------------------------------------------------------------------------|---------------|-------------------------------------------------|------------------------------------------------------------------------------------------------|
| Intermediary name/ as written
address/city/state/
zip/phone number | | AN 132 characters | Name=1-080.A-N102
Other data elements
(DE) are fiscal
intermediary (FI)
generated. |
| Provider number | as written | AN 13 | 1-080.B-N104 |
| Provider name | as written | AN 25 | 1-080.B-N102 |
| Literal Value: Part A | as written | AN 06 | Determined by bill
e.c type in 2-005-
TS302 |
| Literal Value: Part B | as written | AN 06 | |
| Paid date | as written | N MM/DD/CCYY | 1-020-BPR16 |
| Remittance advice | REMIT | N 9(1 0) | FI generated. |
| Literal Value:
Page | as written | AN 06 | FI generated. |

Pages 1&2

| | | | |
|-----------------------------------|--------------|------------|---------------|
| Patient Last Name | PATIENT NAME | AN 18 | 2-030.A-NM103 |
| Patient First Name | | AN 01 | 2-030.A-NM104 |
| Patient Mid. Initial | | AN 01 | 2-030.A-NM105 |
| Health insurance
claim number | HIC# | AN 19 | 2-030.A-NM109 |
| Statement covers
period--start | FROM DT | N MMDDCCYY | 2-050.A-DTM02 |
| Statement covers
period--end | THRU DT | N MMDDCCYY | 2-050.B-DTM02 |

| | | | |
|---------------------|-----------------|-------|---------------------|
| Claim status code | CLM STATUS | AN02 | 2-010-CLP02 |
| Patient control # | PATIENT CNTRL # | AN 20 | 2-010-CLP01 |
| Internal control # | ICN | AN 23 | 2-010-CLP07 |
| Patient name change | NACHG | AN 02 | 2-030.A-NM101 if 74 |
| HIC change | HICHG | AN 01 | 2-030.A-NM108 if C |

2

| <u>Full Description</u>
(In order of appearance) | <u>SPR ID</u> | <u>SPR FIELD SIZE</u>
<u>CHARACTERISTICS</u> | <u>835 LOCATION</u> |
|-----------------------------------------------------|---------------|-------------------------------------------------|------------------------------------------------------------------------------------------------|
| Type of bill | TO | AN 03 | 2-010-CLP08 |
| Cost report days | COST | N S9(3) | 2-033-MIA15 |
| Covered days/
visits | COVDY | N S9(3) | 2-064-QTY02 when
CA in prior DE |
| Noncovered days | NCOVDY | N S9(3) | 2-064-QTY02 when
NA in prior DE |
| Reason code
(4 occurrences) | RC | AN 05 | 2-020-CAS02,
05,08 and 11 |
| Remark code
(4 occurrences) | REM | AN 05 | Inpatient: 2-033-MIA
-05, 20, 21, 22
Outpatient: 2-035-
MOA03, 04, 05, 06 |
| DRG # | as written | N 9(3) | 2-010-CLP1 1 |
| Outlier code | OUTCD | AN 02 | 2-062-AMT01 if ZZ |
| Capital code | CAPCD | AN 01 | 2-033-MIA08 |
| Professional
component | PROF COMP | N S9(7).99 | Total of amounts in
2-020 or 2-090
CAS03, 06, 09, 12,
15 or 18 when 89 in
prior DE |

| | | | |
|----------------------------------|-----------|----------------|----------------------------------------|
| DRG operating and capital amount | DRG AMT | N S9(7).99 | 2-033-MIA04 |
| DRG outlier amount | DRG OUT | AMT N S9(7).99 | 2-062-AMT02 when ZZ in prior DE |
| MSP primary | MSP PAYMT | N S9(7).99 | 2-062-AMT02 amount when NJ in prior DE |

3

| <u>Full Description</u>
(In order of appearance) | <u>SPR ID</u> | <u>SPR FIELD SIZE</u>
<u>CHARACTERISTICS</u> | <u>835 LOCATION</u> |
|-----------------------------------------------------|---------------|-------------------------------------------------|---------------------------------------------------------------------------------------------|
| Cash deductible/
blood deductibles | DEDUCTIBLES | N S9(7).99 | Total of 2-020
Or 2-090
CAS03, 06, 09, 12,
15 or 18 when and/
or 66 in prior DE |
| Coinsurance amount | COINSURANCE | N S9(7).99 | Total of 2-020 or
2-090 CAS03, 06,
09, 12, 15 or 18
when 2 in prior DE |
| Covered charges | COVD CHGS | N S9(7).99 | 2-060-AMT02 when
AU in prior DE |
| Noncovered charges | NCOVD CHGS | N S9(7).99 | 2-010-CLP03 minus
2-060-AMT02 when
AU in prior DE |
| Denied charges | DENIED CHGS | N S9(7).99 | Total of 2-020 or 2-
090-CAS03, 06, 09,
12, 15 or 18 |

| | | | |
|----------------|--------------|------------|----------------------------------------------------------------------------------------------|
| Patient refund | PAT REFUND | N S9(7).99 | 2-020 or 2-amount
090-CAS 03, 06, 09,
12, 15 or 18 when 100
in prior DE |
| Claim ESRD | ESRD NET ADJ | N S9(7).99 | 2-020 or 2-reduction
090-CAS 03, 06, 09,
12, 15 or 18 when 118
in prior DE |
| Interest | INTEREST | N S9(6).99 | 2-060-AMT02 when
in prior DE |
| Contractual | CONTRACT ADJ | N S9(7).99 | Total of 2-020
adjustment or 2-090
CAS03, 06, 09, 12, 15
and 17 when CO in
CASOI |
| Per Diem rate | PER DIEM RTE | N S9(7).99 | 2-062-AMT02 when
DY in prior DE |

| <u>Full Description</u>
(In order of appearance) | <u>SPR ID</u> | <u>SPR FIELD SIZE</u>
<u>CHARACTERISTICS</u> | <u>835 LOCATION</u> |
|-----------------------------------------------------|---------------|-------------------------------------------------|------------------------------------|
| Procedure code
amount | PROC CD AMT | N S9(7).99 | 2-035-MOA02 |
| Net reimbursement | NET REIMB | N S9(7).99 | 2-010-CLP04 |
| <u>Page 3</u> | | | |
| <u>Claim Data</u> | | | |
| Cost report days | DAYS COST | N S9(3) | Total of claim level
SPR COST. |
| Covered days/visits | DAYS COVDY | N S9(4) | Total of claim level
SPR COVDY. |

| | | | |
|---------------------------------------|----------------|------------|--------------------------------------------------|
| Noncovered days | DAYS NCOVDY | N S9(4) | Total of claim level
SPR NCOVDY. |
| Covered charges | CHARGES COVD | N S9(7).99 | Total of claim level
SPR COVD CHGS. |
| Noncovered charges | CHARGES NCOVD | N S9(7).99 | Total of claim level
SPR NCOVD CHGS. |
| Denied charges | CHARGES DENIED | N S9(7).99 | Total of claim level
SPR DENIED CHGS. |
| Professional
component | PROF COMP | N S9(7).99 | Total of claim level
SPR PROF COMP. |
| MSP primary | MSP PAYMT | N S9(7).99 | Total of claim amount
level SPR MSP
PAYMT. |
| Cash deductible/
blood deductibles | DEDUCTIBLES | N S9(7).99 | Total of claim level
SPR
DEDUCTIBLES. |
| Coinsurance amount | COINSURANCE | N S9(7).99 | Total of claim level
SPR
COINSURANCE. |

| Full Description
(In order of appearance) | <u>SPR ID</u> | <u>SPR FIELD SIZE
CHARACTERISTICS</u> | <u>835 LOCATION</u> |
|----------------------------------------------|---------------|-------------------------------------------|---------------------------------------------------|
| Patient refund | PAT REFUND | N S9(7).99 | Total of claim amount
level SPR PAT
REFUND. |

| | | | |
|----------------------------------|--------------|------------|-----------------------------------------------|
| Interest | INTEREST | N S9(7).99 | Total of claim level
SPR INTEREST. |
| Contractual
adjustment | CONTRACT ADJ | N S9(7).99 | Total of claim level
SPR CONTRACT
ADJ. |
| Procedure code
payable amount | PROC CD AMT | N S9(7).99 | Total of claim level
SPR PROC CD
AMT. |
| Claim payment | NET REIMB | N S9(7).99 | Total of claim level amount
SPR NET REIMB. |

Summary Data

Pass Thru amounts

| | | | |
|-------------------------------------------|------------|------------|----------------------------------------------------------|
| Capital pass thru | CAPITAL | N S9(7).99 | 3-010-PLB04, 06, 08
or 10 when:
... CP in prior DE |
| Return on equity | as written | N S9(7).99 | ...RE in prior DE |
| Direct medical as written
education | | N S9(7).99 | ... DM in prior DE |
| Kidney acquisition | as written | N S9(7).99 | ...KA in prior DE |
| Bad debt | as written | N S9(7).99 | ...BD in prior DE |
| Non-physician as written
anaesthetists | | N S9(7).99 | ...CR in prior DE |
| Hemophilia add on | as written | N S9(7).99 | ... ZZ in prior DE |
| Total pass thruas written | | N S9(7).99 | Total of the above
pass thru amounts. |

Non-Pass Thru Amounts

| | | | |
|-------------|------------|------------|----------------------------------------------------------|
| PIP payment | as written | N S9(7).99 | 3-010-PLB04, 06, 08
or 10 when:
... PP in prior DE |
|-------------|------------|------------|----------------------------------------------------------|

| <u>Full Description</u>
(In order of appearance) | <u>SPR ID</u> | <u>SPR FIELD SIZE</u>
<u>CHARACTERISTICS</u> | <u>835 LOCATION</u> |
|---------------------------------------------------------------------------------|------------------------|-------------------------------------------------|--------------------------------------------|
| Settlement amounts | SETTLEMENT
PAYMENTS | N S9(7).99 | ... FP in prior DE |
| Accelerated
payments | as written | N S9(7).99 | ... AP in prior DE |
| Refunds | as written | N S9(7).99 | ...RF in prior DE |
| Penalty release | as written | N S9(7).99 | ...RS in prior DE |
| Transitional
outpatient payment | TRANS OP
PYMT | N S9(7).99 | ... IR in prior DE |
| <u>Withhold from Payment</u> | | | 3-010-PLB04, 06, 08
or 10 when: |
| Claims accounts
receivable | as written | N S9(7).99 | ... AA in prior DE |
| Accelerated
payments | as written | N S9(7).99 | ...AW in prior DE |
| Penalty | as written | N S9(7).99 | ...PW in prior DE |
| Settlement | as written | N S9(7).99 | ... OR in prior DE |
| Total withholding | TOTAL WTHLD | N S9(7).99 | Total of the above
withholding amounts. |
| <u>Provider Payment Recap</u> | | | |
| Payments and withhold previously listed | | | |
| Net provider
payment | as written | N S9(7).99 | 1-020-BPR02 |
| Check/EFT number | as written | AN 10 | 1-040-TRN02 |
| See 835 implementation guides for data element definitions, completion and use. | | | |

Attachment 3

Medicare A 835 Health Care Claim Payment/Advice

2-062-AMT

```
=====
AMT02      0782 Monetary Amount
R   1      15 M Total Covered Charges          AU=43-10
                Per Diem Amount (Inpatient and Partial
                Hospitalization Only)          DY=22-09
                Patient Paid Amount           F5=23-04
                Interest Amount               I=40-03
                MSP Liability Amount Met       NJ=42-11
                Negative Reimbursement        NL=22-08
                Hemophilia Add-on Amount      ZK=22-10
                Outlier Amount                ZZ=42-04

AMT03      0478 Credit/Debit Flag Code
                Not Used
```

X12 Segment Name: **REF** Reference Numbers
Name: **ASC, APC or HIPPS Group Number**
Loop: SVC
Max. Use: 1
X12 Purpose: To specify identifying numbers.
Purpose: **To provide the Ambulatory Surgical Center (ASC), Ambulatory Patient Code (APC), or the home health Health Insurance Prospective Payment System (HIPPS) code assigned to this service.**
Usage: **Conditional**
Example: **REF*1S*1~**
Comments: **The ASC and APC numbers are generated by the Medicare PRICER program. The HIPPS number is submitted on the claim. The applicable number must be reported for a Medicare service paid under the ASC, outpatient PPS or a home health PPS payment methodology.**

Syntax Note: 0203 - At least one of REF02 or REF03 must be present

| Element | Attributes | Data Element Usage | Flat File Map |
|--------------|------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| REF01 | 0128 | Reference Number Qualifier | Translator |
| ID 2 | 3 M | Code qualifying the Reference number
Codes:
1S Ambulatory Patient Group (APG) Number | Generated (TG) |
| REF02 | 0127 | Reference Number | 30-15 ASC |
| AN 1 | 30 M | Reference number or identification number as defined for a particular Transaction Set or as specified by the Reference Number Qualifier.
ASC, APC or home health HIPPS Number | FISS to furnish APC & HH HIPPS # maps |
| REF03 | 0352 | Description
Not Used | |

X12 Segment Name: **REF** Reference Numbers

Name: **ASC or HIPPS Rate (percent)**
 Loop: SVC
 Max. Use: 1
 X12 Purpose: To specify identifying numbers.
 Purpose: **To convey the ASC or the home health Health Insurance Prospective Payment System (HIPPS) percentage rate.**
 Usage: **Conditional**
 Example: **Ref*RB*100~**
 Comments: **This segment must be sent for Medicare ASC and home health HIPPS claims.**

 ----- Syntax Note: 0203 - At least one of REF02 or REF03 must be present

| Element Attributes | | Data Element Usage | Flat File Map |
|--------------------|------|------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| REF01 | 0128 | Reference Number Qualifier | Translator |
| ID 2 | 3 M | Code qualifying the Reference number | Generated (TG) |
| | | Codes: | |
| | | RB Rate Code Number | |
| REF02 | 0127 | Reference Number | 30-16 ASC |
| AN 1 | 30 M | Reference number or identification number as defined for a particular Transaction Set or as specified by the Reference Number Qualifier. | FISS to furnish HIPPS rate map |
| | | ASC or home health HIPPS Rate (percent) | |
| | | ASC Codes: | HIPPS Codes: |
| | | 0 Zero percent | 0 Zero percent |
| | | 50 50 percent | 50 50 percent |
| | | 100 100 percent | 60 60 percent |
| | | 150 150 percent | 100 100 percent |

REF03 0352 Description
 Not Used

```
=====4
/1/00 Update to Version: 003 Release: 051    Implem: 4A.01                    2-100.B-REF Page 85
Medicare A 835 Health Care Claim Payment/Advice                    2-110.A-AMT
=====
```

4

X12 Segment Name: **AMT** Monetary Amount

 Name: **ASC, APC or HIPPS Priced Amount**
 Loop: **SVC**
 Max. Use: **1**
 X12 Purpose: To indicate the total monetary amount.
 Purpose: **To convey the ASC, APC, or HIPPS priced amount (the allowed amount) generated by PRICER.**
 Usage: **Conditional**
 Example: **AMT*B6*467~**
 Comments: **This segment must be sent on Medicare ASC and APC remittances, and on remittances for home health HIPPS sent at the end of a 60-day benefit period. (Do not report for the payment at the beginning of a home health HIPPS 60-day benefit period.)**

| -----_ | | ----- | |
|--------------|------|---------------------------------------------|------------------------|
| Element | | Data Element Usage | |
| Attributes | | Flat File Map | |
| AMT01 | 0522 | Amount Qualifier Code | Translator |
| ID 1 | 2 M | Code to qualify amount:
Codes: | Generated (TG) |
| | | B6 Allowed Amount - Actual Amount | |
| AMT02 | 0782 | Monetary Amount | 30-17 APC (when |

| | | | | |
|---|---|------|---------------------------------------------|-----------------------------------------------------------------------|
| R | 1 | 15 M | ASC, APC or home health HIPPS priced amount | entries in 30-15 and 30-16)
FISS to furnish the APC and HIPPS maps |
|---|---|------|---------------------------------------------|-----------------------------------------------------------------------|

| | | |
|-------|------|------------------------------------|
| AMT03 | 0478 | Credit/Debit Flag Code
Not Used |
|-------|------|------------------------------------|

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4/1/00 Update to Version: 003 Release: 051      Implem: 4A.01      2-110.A-AMT Page 86
Medicare A 835 Health Care Claim Payment/Advice      Appendix B
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5

STANDARD PROVIDER LEVEL ADJUSTMENT (PLB) REASON CODES

The PLB segment carries provider level financial adjustment data which is not related to the adjustment data for the claims addressed in a specific 835 transaction. As with the CAS financial adjustment segments, positive numbers in monetary amount elements have a negative arithmetic value in the balancing routines, while negative numbers have a positive arithmetic value in the balancing routines.

| <u>PLB Code Value</u> | <u>Message</u> |
|-----------------------|------------------------------------------------------------------------------------------------------|
| AA | Receivable today |
| AW | Accelerated payment withholding |
| AP | Accelerated payment amount |
| BD | Bad debt pass-thru amount |
| BF | Balance forward; a negative balance to be carrier forward and applied in a subsequent billing cycle. |
| BN | Bonus; used to report a Medicare Transitional Outpatient PPS payment. |
| CA | Manual claims adjustment; approved claims payments calculated outside |

| | |
|----|---------------------------------------------------------------------------------------------------------------------------------------------|
| | normal processing. |
| CO | Carryover; a negative balance amount which has been carried forward from a previous billing cycle and applied in the current billing cycle. |
| CP | Capital pass-thru amount |
| CR | Nurse anesthetist pass-thru amount (CRNA) |
| CW | Claim withholding |
| CX | Total cancel claim amount |
| DM | Direct medical education pass-thru amount |
| DS | Disproportionate share amount |
| FS | Final settlement amount (cost report) |
| GM | Graduate medical education pass-thru amount |
| IM | Indirect medical education pass-thru amount |
| IN | Interest paid |
| IP | Interest assessed on late-filed cost reports and/or delinquent refunds |
| IR | Interim rate lump sum adjustment |
| KA | Organ acquisition pass-thru amount |
| LR | Late cost report penalty amount |
| NP | Non-physician pass-thru amount |
| OA | Part A offset for affiliated provider |
| OB | Part B offset for affiliated provider |

=====

| | | |
|--------------------------------------------------------|----------------------|---------------------|
| 4/1/00 Update to Version: 003 Release: 051 | Implem: 4A.01 | Appendix B Page B-8 |
| Medicare A 835 Health Care Claim Payment/Advice | | Appendix B |

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6

| <u>PLB Code Value</u> | <u>Message</u> |
|-----------------------|-----------------------------------------------------------------------------------------------------------|
| OR | Overpayment recovery; overpayment amount not fully satisfied in prior cycles. |
| OS | Outside recovery; money withheld for external organizations, e.g., IRS |
| PA | Adjustment for claims paid after PIP effective date. (This amount must be multiplied by negative 1 [-1].) |
| PL | PIP lump sum adjustment |
| PO | Other pass-thru amount |

| | |
|----|-------------------------------------------------------------------------------|
| PP | PIP payment |
| PR | Provider refund adjustment (To be used for credit balance reconciliation.) |
| PS | Pass-thru lump sum adjustment |
| PW | Penalty withholding |
| RA | Check received from the provider for credit balancing for Part A amounts due. |
| RB | Check received from the provider for credit balancing for Part B amounts due. |
| RE | Return on equity |
| RF | Refunds |
| RI | Reissued check amount |
| RS | Penalty release amount |
| SW | Penalty withhold amount |
| TR | Retroactive adjustment (cost report) |
| TS | Tentative settlement (cost report) |